

MDR Tracking Number: M5-04-3257-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 5-27-04.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

The IRO reviewed functional capacity evaluation, analysis of information, and psychiatric diagnostic interview, and office visits from 5/30/03 through 7/09/03 that were denied based upon "U".

The reviewed functional capacity evaluation, analysis of information, and psychiatric diagnostic interview, and office visits rendered from 5/30/03 through 7/09/03 **were found** to be medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 14, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

In accordance with Rule 133.301 (a), the requestor provided a copy of the preauthorization letter dated 6/27/03 for ten (10) individual psychiatric sessions. The carrier denied these sessions for unnecessary medical treatment based on a peer review. Reimbursement is recommended in the amount of \$540 in accordance with Rule 134.600 (b)(1)(B).

In accordance with Rule 129.5, the requestor submitted relevant information to support delivery of service for CPT code 99080-73 (work status report) on dates of service 6/04/03 and 7/9/03. The carrier denied these services for unnecessary medical treatment based on a peer review.

Reimbursement is recommended in the amount of \$30 in accordance with the 1996 Medical Fee Guidelines.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 5/30/03 through 9/02/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 18<sup>th</sup> day of August 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

07/28/2004

David Martinez  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M5-04-3257-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### CLINICAL HISTORY

\_\_\_ was injured on \_\_\_ while working for the Bexar County Tax Office. She was seen by multiple doctors until she presented to the office of Dr B on 1/12/01. Epidural steroid injections and pharmacological management were performed by Dr. H. A Chronic Pain Management program was denied by the carrier. Ten psychological counseling sessions were approved by the carrier on 6/23/03 due to severe depressive tendencies. These sessions were carried out from 7/7/03 through 10/22/03. At the end of this program, the therapist recommended a PPA to determine future treatment options. This was denied by the carrier. Records reviewed are through 3/15/04.

### DISPUTED SERVICES

Disputed services include an FCE, office visits (99211 and 99213), analysis of information (99090) and psychiatric diagnostic interview (90801).

### DECISION

The reviewer disagrees with the previous adverse determination regarding all of the disputed services.

### BASIS FOR THE DECISION

The reviewer indicates that the FCE was necessary to perform a work up for a work hardening program. The reviewer notes that the office visits were used in accordance with acceptable practice parameters. The reviewer notes the psychological assessment and records evaluation were within normal limits as the patient had suicidal ideations with depressive tendencies. The reviewer notes that this would be within normal practice parameters of a chiropractor as per the Mercy Guidelines.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,